

DOCUMENT RESUME

ED 252 046

EC 171 303

AUTHOR Friedman, David B.; And Others
 TITLE Child Care and the Family.
 INSTITUTION National Committee for Prevention of Child Abuse, Chicago, Ill.
 REPORT NO ISBN-0-937906-39-5
 PUB DATE 84
 NOTE 50p.
 AVAILABLE FROM National Committee for Prevention of Child Abuse, 332 S. Michigan Ave., Suite 1250, Chicago, IL 60604-4357.
 PUB TYPE Guides - Non-Classroom Use (055)
 EDRS PRICE MF01/PC02 Plus Postage.
 DESCRIPTORS *Child Abuse; Child Advocacy; *Child Caregivers; *Day Care; *Prevention; Program Development

ABSTRACT

The booklet examines child care as a major resource for the prevention of child abuse, and is intended to bring child care and child abuse workers together. An introductory section on child abuse is followed by an update on the family, including historical perspectives and a case study illustrating cooperation of parents and day care staff. A section on child care includes information on the following topics: history of child care in the United States, types of child-care, quality child care, attachment, babysitting, latchkey children, handicapped children, crisis child care, and the financial dilemma of child care. The role of child care in the prevention of child abuse is noted, and frequently asked questions about child care are answered. Suggestions are offered for starting a child care service, supporting child advocacy, and understanding the importance of volunteers. Among appended information are a list of related readings and tips on preventing child molesting. (CL)

 * Reproductions supplied by EDRS are the best that can be made *
 * from the original document. *

U.S. DEPARTMENT OF EDUCATION
NATIONAL INSTITUTE OF EDUCATION
EDUCATIONAL RESOURCES INFORMATION
CENTER (ERIC)

4520

- ☒ This document has been reproduced as received from the person or organization originating it.
- ☐ Minor changes have been made to improve reproduction quality.
- Points of view or opinions stated in this document do not necessarily represent official NIE position or policy.

child care and the family

David B. Friedman, June S. Sale, and Vivian Weinstein

"PERMISSION TO REPRODUCE THIS
MATERIAL HAS BEEN GRANTED BY

Helen
Donovan

TO THE EDUCATIONAL RESOURCES
INFORMATION CENTER (ERIC)."

ED252046

EC171303

Child Care and the Family

David B. Friedman, June S. Sale, and Vivian Weinstein

FC171303

**National Committee for
Prevention of Child Abuse**



This booklet is part of a series describing aspects of the programs and community activities identified in the NCPA publication *An Approach to Preventing Child Abuse* by Anne H. Cohn.



© 1984. National Committee for Prevention of Child Abuse. All rights reserved. No part of this booklet may be reproduced in any form without written permission from the publisher.

ISBN 0-937906-39-5

Printed in the United States of America

Contents

Acknowledgments	iv
Introduction	1
Child Abuse	3
Update on the Family	5
Historical Perspectives	5
The American Family Today	6
Child Care Needs of Today's Families	7
Case Study	8
Child Care	10
History of Child Care in the United States	10
Types of Child Care	10
Finding Child Care Services	13
Quality Child Care	14
Attachment	15
Latchkey Children	15
Baby-sitting	16
Handicapped Children	17
Crisis Child Care	19
Therapeutic Child Care	20
The Financial Dilemma of Child Care	20
Case Study	21
Child Care and Child Abuse Prevention	23
Questions and Answers about Child Care	27
What to Do and How to Do It	29
Starting a Child Care Service	29
Child Advocacy	30
Volunteers	31
Summary and Conclusions	32
Appendix A: A Day Care Model	33
Appendix B: Additional Rearing	35
Appendix C: Organizations	37
Appendix D: Tips to Prevent Child Molesting	41
References	42

Acknowledgments

The National Committee for Prevention of Child Abuse (NCPCA) gratefully acknowledges those who have made this booklet possible. NCPCA expresses its appreciation to the authors, David B. Friedman, M.D., June S. Sale, and Vivian Weinstein; and to the members of the NCPCA Editorial Committee who critically reviewed this work: Peter Coolsen, associate director of NCPCA; Elizabeth Elmer, director of research and training for the Parental Stress Center in Pittsburgh, Pennsylvania; and Donna J. Stone, founder of NCPCA.

NCPCA recognizes that there are many different and valid approaches to providing support systems for families. This booklet presents the views of the authors, who are experienced professionals with knowledge, expertise, and practical experience in the fields of child care, child abuse, and work with families.

The development and first printing of this booklet were made possible by a grant from the Skillman Foundation. NCPCA is particularly grateful to have the opportunity to introduce a publication on child care. The trend in the United States is toward both parents working outside the home, dramatically increasing the need for day care and thus heightening concern for exactly what goes on in day care settings.

Introduction

The purpose of this booklet is to make the reader aware of child care as a major resource for the prevention of child abuse as well as the special contribution that child care services can make to abused children and their families. It is hoped that this will bring people working in the two fields of child care and child abuse closer together. The discussion in this publication is intended to enhance communication and understanding between the two groups and to facilitate their working together for the benefit of children. It is hoped that the material presented will inspire the reader to take action. Wherever possible, the emphasis will be on specific actions, programs, and models.

Child abuse is a community problem, and its prevention is a community responsibility. The community must provide parents and children with certain supports, training, and information to help them cope successfully with their roles in the family. As part of a continuing effort to identify successful community approaches to child abuse prevention, the National Committee for Prevention of Child Abuse (NCPCA), in cooperation with the Johnson Foundation, convened two national research conferences on child abuse prevention in 1978 and 1981. Participants at these meetings, representing the many different disciplines and areas of expertise concerned with child abuse, analyzed what is known through research about preventing abuse. From their findings they identified community programs that, if they were available to all on a voluntary basis, would contribute to child abuse prevention.

While the experts seemed to agree that the earlier support can be provided the better, they acknowledged that for child abuse to be prevented, families need support at many different times. Thus, they identified programs directed toward each phase of the life cycle, beginning with the prenatal period and continuing through a child's school years. These programs include:

- Perinatal support programs—to prepare individuals for the job of parenting and to enhance parent-child bonding.
- Education for parents—to provide parents with information about child development and with skills in child care.
- Early and periodic childhood screening and treatment—to identify and deal with physical and developmental problems in children at an early age.
- Programs for abused children—to minimize the longer term effects on children who have been abused and to reduce the likelihood of their becoming abusive parents.

National Committee for Prevention of Child Abuse

- Social skills training for children and young adults—to equip young people with the skills and knowledge necessary to succeed in adulthood.
- Mutual aid programs and neighborhood support groups—to reduce the social isolation so often associated with abuse.
- Family support services, including health care, family planning, child care, crisis care (such as hot-line counseling), marriage counseling, and related services—to provide families with the range of supports they need to survive the stresses of life and to stay together.
- Public information on child abuse—to heighten the public's awareness of different types of abuse and neglect and to provide specific information on how abuse can be prevented and where parents can turn for help.
- Community development activities—to increase local opportunities for job training, employment, access to social and health services, and other supports that reduce family stress.
- Communitywide child abuse prevention coordinating body—to guarantee that prevention programs are responsive to the needs of the community and to determine priorities for proposed programs.
- Child abuse prevention training—to give professionals and volunteers greater knowledge of the dynamics of abuse and to furnish them with information on community prevention programs.
- Ongoing program evaluation and assessment—to assure that community programs are as responsive and effective as possible.

Taken together, these programs comprise a comprehensive community approach to prevention as described in the NCPCA publication *An Approach to Preventing Child Abuse*. To encourage and assist community leaders in their efforts to prevent abuse, NCPCA is publishing a series of booklets describing aspects of the above programs and community activities. This booklet describes how adequate, comprehensive, and quality child care programs can significantly contribute to the prevention of child abuse and the enhancement of family life.

Child Abuse

Child abuse may be defined as any interaction between a caregiver and a child resulting in nonaccidental harm to the child's physical or developmental state. This definition includes physical and emotional abuse, neglect, exploitation, and sexual misuse. (While this definition is useful for the purposes of this booklet, it should be noted that the legal definition of what constitutes child abuse is determined by state laws.) The National Center on Child Abuse and Neglect in Washington, D.C., estimates the number of children abused annually in the United States at one million. The center also estimates the number of children who die each year as a result at one thousand. The center is quick to point out, however, that the estimate of deaths is low, because many child abuse situations go unreported or pass for accidents, to say nothing about the number of children reported missing each year.

The current approach to the problem of child abuse accepts the idea that 90 per cent of abusive parents are normal, feeling human beings. Only a very small percentage can be considered cruel, inhuman, or deranged or are severe substance abusers. Most child abuse situations are symptomatic of family stress or dysfunction and are amenable to treatment. Current research characterizes many abusive parents as social isolates with low self-image, often abused and neglected in their own childhood, often lacking an adequate parent model, and looking to their children for the love and attention denied them by their own parents. The parents usually characterize their child as "special" or wanted but often think of the child as "different." This difference may be real, as in the case of the developmentally slow child, or the difference may be imaginary. In either case, the "target" child becomes the scapegoat in the family.

Sometimes stressful changes in families, such as unemployment and divorce, may lead to child abuse. Given the proper conditions, anyone, regardless of class or cultural group, has the potential to become an abuser. Stress increases the possibility that parents will lose self-control. This stress may result from interpersonal problems, ill health, or financial difficulties.

The seeds of abuse may be sown very early, if parent and infant fail to develop close bonds. Attachment is an important ingredient in the development of a healthy parent-child relationship.

There are three victims of child abuse—the child, the parent, and the community. Taking this into account, society's response

National Committee for Prevention of Child Abuse

is directed not at punishing the abuser but at protecting the child and treating the family. There are laws against child abuse in all 50 states, and most of these laws require caregivers, including people involved in child care services and schools, to report suspected abuse. The laws also grant the reporter immunity from civil suit. Many caregivers and teachers hesitate to get involved, however, for belief in the privacy of the family is deeply rooted.

Parents are not alone in abusing children. Relatives, friends of the family, aberrant or sick members of the community, and society itself may commit the abuse. Examples of societal or institutional abuse include the abuse of children by prostitution and exploitation for pornographic purposes. Another example is the abuse that occurs in institutions supposedly set up for the benefit and protection of children. Harsh, punitive schools, abusive foster homes, unresponsive legal and judicial services, and institutions where children are "warehoused" are themselves abusive. A chaotic, unstimulating, or unduly harsh and regimented child care situation may be abusive. In addition, children in these settings often develop inappropriate coping skills that make them more vulnerable to abuse at home.

Update on the Family

No one would disagree that without children the human race has no future. Without adult care children cannot survive, and without youngsters to grow into adulthood, society cannot survive. The care of children is therefore one of society's primary concerns.

Society carries out its collective responsibility for the future through individual families. The family is the unit through which one generation brings forth the next and raises it to maturity. Family groups may not be the only way to rear children, but they do seem to be well suited to delivering the prolonged care and intimacy needed by infants. Certainly Americans are committed to the notion that the best way to rear children is within the family.

The family also has another unique function, one that sometimes comes in conflict with society's desire to ensure effective child rearing; it provides intimacy, love, and security to its members. It is the one place where individuals can in privacy truly relax, be accepted, and receive support.

Difficulty arises, then, when societal intervention in child rearing is required. This intervention may interfere with the privacy that families feel they are entitled to and require. The constant dilemma facing policymakers is how to maintain a good balance between the protection of children and the privacy of the family. Today the debate rages over children's rights vs. government interference in the family.

Historical Perspectives

The dilemma has been handled in various ways. The earliest societal interference in child rearing was simply to guarantee the survival of children. This included care for orphans and the abandoned and prevention of the worst abuses by parents. In the early days in the United States, on the other hand, the church established very rigid laws affecting all aspects of family functioning. After a relatively short time, however, the needs of the developing society and of individuals conflicted with the established regulations, and the laws were either changed or abandoned.

Later, when the needs of a developing industrial economy and the expansion of democracy required an educated population, free, compulsory education was introduced. This certainly interfered with the rights of families to determine how their children would spend their time and what they would learn. It also drastically affected the children's ability to contribute to the family income. Another example of intervention was the passage of child labor laws, which prohibited children under a certain age from working. During the twentieth century, regulations were introduced that required immunizations unless they interfered with

religious beliefs. With some variation from state to state, government bodies established health and safety regulations and licensing of facilities occupied by children. All of these laws certainly constituted intervention in child rearing and in family functioning, but the greater need of society to protect children overruled the privacy of the family.

Currently, because of the rapid changes that are taking place, there is great concern about family policy. Some fear that the family itself is endangered. Others wish to reduce any interference by society in the family and in child rearing.

First, let's look at the changes that are taking place in the American family. It may be helpful to look at some of the historical material on the family and to recognize that change does not necessarily mean destruction.

The American Family Today

In *Here to Stay*¹, Mary Jo Bane surveys the development of the American family. She points out that because death rates of young parents in the past were almost as high as present divorce rates, even with the rise in divorce, more children today are living with at least one parent than ever before. As a result, there are fewer children in institutions, in orphanages, or living with relatives than in the past. Also, the rate of remarriage is comparable to the divorce rate, indicating that it is not marriage that is being rejected but a specific marital partner.

The 1980 census figures indicate that despite all the trends toward divorce and looser family arrangements, a family headed by a married couple is still the primary living arrangement for Americans, and by a very large margin. In 1980 almost 74 per cent of the population in the United States lived in a family headed by a married couple.

At present a major concern about the family is the effect on children of mothers working outside the home.* A prevalent myth is that in the past *all* mothers stayed home and reared their children. The facts are that a large majority of black women, both during slavery and after, have always worked outside the home, and immigrant women worked as servants, cared for the children of the rich, or worked in factories or in the fields. Only in the relatively short period from the end of World War I through the 1960s were large numbers of women at home and the main caregivers of their own children.

Whether a mother is at home or in the workplace may make less difference than is generally supposed. Studies show that the dif-

* The authors of this booklet recognize that child rearing is the equal responsibility of both parents. If, as in this section, the burden seems to fall on the mother to be home with her children, this is because the attitudes and opinions of others are being reported.

ference in the amount of time working and nonworking mothers spend with their children is surprisingly small. Bane indicates that television has become a significant rearer of children.

It appears that although marriage and the family have undergone change, they are in no danger of disappearing. Similarly, those who fear that child care will change the family and eventually destroy it have unfounded fears. It is the authors' belief, as will be developed in this booklet, that providing supports to families, in particular child care, will strengthen, not weaken, the family.

Child Care Needs of Today's Families

Demographic studies indicate that the trend of mothers working outside the home will not only continue but will increase over the next decade. Caring for the children, therefore, will require assistance from outside the family. Rather than viewing child care as an intrusion into the family, child care can and must be viewed as a support for the family. Only by vast expansion of every type of child care service will the needs of families be met and the care for America's children be secured.

There are many alternative ways of taking care of children of working parents. Some businesses, for example, are turning to "flex time," which includes part-time work, different shifts, sharing of one position by two employees, and other approaches, generally geared toward female employees.

These innovative approaches are generally needed by families for the first few years of their child's life. It is urgent that more of these arrangements be available for parents who need to work for economic and career reasons.

Child care arrangements and facilities that reflect the various cultural and ethnic groups also need to be available. Children fare best when there is little discrepancy between the child-rearing practices of the parents and the caregiver. Parents are also more comfortable in discussing their children and communicating with people whose approaches to caring for children are similar to their own.

When parents need help in caring for their children because of work or for respite and they are unable to make satisfactory arrangements, great stress can result. Stress can cause problems in parent-child interactions, affect the parents' ability to work, and cause many health problems. Therefore, not only can adequate child care provide crisis intervention and treatment to alleviate the effects of child abuse, but it must be seen as a critical aspect of the prevention of abuse.

Case Study

The following case study illustrates how parents and day care staff can work together to the benefit of all concerned.

Mr. and Mrs. T.

Tanya T. is an attractive, intense woman in her late 30's who is sure of her priorities but finds it difficult to balance the conflict between working and parenting. Her professional life has been one of fighting her way up the executive ladder to a top administrative job. Her work is stressful but has many financial and psychological rewards. Tanya's husband, Tom, is a handsome sports enthusiast. They have two children, age 16 months and 3 years.

Their two girls are enrolled in an employer-sponsored day care center where they spend 10 hours a day. Soon after the children entered the program, the director of the center noted a problem. At times of great stress at their mother's workplace or when things were not going well at home, the girls would show signs of being overtired, irritable, angry, and generally in need of a good deal of reassurance, extra cuddling, and individual attention. During these periods the children, who were ordinarily dressed in the latest toddler fashions, would be brought to the center in their night clothes, without breakfast, and would have great difficulty separating from their mother. The director also noted that a crisis would occur whenever either or both of the children became ill. The parents were in conflict over who was to stay at home with the girls and who was to take them to the pediatrician. Tanya felt that she couldn't, and Tom either felt the same or felt humiliated because he was relegated to being a baby-sitter. This often resulted in giving the children some aspirin and taking them to the day care center with the hope that the symptoms would disappear or not be noticed.

Soon after the children were admitted to the program, a parent conference was held. The day care center staff felt a need to know what was going on at home in order to plan an appropriate program for the children. The director explained to Mr. and Mrs. T. that the center respected home routines and parental values and for this reason needed to know more about the family.

Tanya and Tom were defensive at first and claimed nothing was wrong. They complained that the children were being spoiled in day care and needed more structure and discipline. They described how the girls had been wonderful, docile children before

entering day care and how irritating and demanding they had become. In discussing these changes, a disagreement in child-rearing approaches surfaced. From this meeting and subsequent ones, it emerged that Tanya and Tom loved their children and were exemplary parents in many ways. They were capable of being sensitive to the developmental needs of their children and of providing a loving, secure setting for the girls. When times were stressful, however, and the requirements of the job and the marriage were overwhelming, the needs of the children were neglected.

From these conferences, a plan was developed that acknowledged the needs of both parents and the children. On particularly difficult days, the children were to be brought to the center early, appropriately dressed. Their parents were to provide fresh fruit, and the center would provide cereal and milk for the children's breakfast. To increase their interaction with the center, Tanya and Tom were invited to have lunch at the center with their children. Arrangements were to be made at least an hour ahead of time in order to prepare the children and the staff for the visit. Telephone communication between the center staff and the parents was encouraged. On days when Tanya felt she had to meet with her colleagues for an after-work drink, the staff was to be notified so that the children would not be left waiting for her. Tom and Tanya were asked to take on some responsibilities in the center that matched their talents. Tom helped with some needed repairs, and Tanya helped to develop an improved collection process.

Soon after this mutually acceptable plan was put in operation, the center staff noted remarkable improvement in the children's behavior. Follow-up sessions with their parents also revealed favorable changes in parent-parent and parent-child interactions at home, due apparently to a healthy and helpful child care program.

Child Care

Child care can be defined as the shared care of a child by a caregiver and a parent inside or outside the child's own home for less than 24 hours a day. Views of child care have changed dramatically over the past decades. As families with both parents employed increase in all socioeconomic brackets, child care issues have changed from an emphasis on welfare and helping the needy to the provision of affordable, quality care for children.

History of Child Care in the United States

In the not so distant past, child care was a response to a societal crisis. For example, during the Civil War more men were killed than in any other war in which the United States has been involved, resulting in many fatherless families. Rather than placing children in orphanages or institutions for the insane or shipping them off to farms, the "day nursery" was developed so that mothers could work and still keep custody of their children.

In the early 1900s, day nurseries were provided for the "deserving poor" by charitable organizations. The "ladies bountiful" arranged day care for children of immigrants and the needy as a method of acculturating the children into the American way of life. These nurseries put a good deal of emphasis on cleanliness, godliness, and hard work.

With the advent of the depression of the 1930s, day care mushroomed in response to unemployment. Teachers, social workers, nurses, and nutritionists were put to work in WPA (Works Progress Administration) nursery schools throughout the country. This was followed by Lanham Act Day Care Centers, established during World War II to encourage women to work in defense-related industry. Although Congressman Lanham anticipated that the federally funded centers that bore his name would cease to be needed at the end of the war, in fact many women did not return to the home but became a permanent part of the labor force. Despite this fact, all federal funds for the centers were withdrawn, and in only a few areas were the child care programs supported by state and private funds.

Types of Child Care

According to some recent estimates, in the United States there are 6.4 million children under six years of age whose mothers

work outside the home. This number is expected to increase to 10.4 million by 1990. In addition, there are at least 14 million school-aged children whose mothers work outside the home, and half of these children need care before and after school. Despite this increased demand for child care, there are fewer licensed day care openings now than were available in 1945.

In the recent past, the idealized concept of the American family included an at-home mother caring for her children. Day care was considered to be a temporary remedy until the mother could return to the home and assume her "rightful" role of caregiver and nurturer.

Although this attitude still exists, economic necessity and the feminist movement have made more people aware of the right of women to choose their career and to decide whether to work inside or outside the home.

In-Home Care. Say "child care" and most people picture a building with a sign that says "The ABC Child Care Program" or "The Jack and Jill Nursery School." Yet, among the various types of child care available, such centers provide the fewest openings for the millions of children needing care.

There are basically two categories of care for children: inside the child's home and outside the home. According to U.S. Department of Labor statistics on children five years old and younger, 31.6 per cent were cared for in their own home either by relatives (21.9 per cent) or nonrelated babysitters (8.7 per cent). The children who were cared for outside their home were enrolled either in family day care homes (38.2 per cent) or child care centers (20.2 per cent). The remaining 10 per cent were cared for by the mother at the workplace or in other arrangements not specified.

Little is known about care within the child's own home, because investigation into private homes is obviously limited to preserve the family's privacy. There are both advantages and disadvantages to in-home care, the most frequently used arrangement. It is probably the easiest, least expensive, and most flexible arrangement. Children need not be transported to another place, the surroundings are secure and familiar, siblings can stay together, and parents can maintain some control over activities, values, child-rearing patterns, foods, and schedules. There is no problem when children become ill. On the other hand, this is the least stable form of care, especially if the caregiver is unrelated to the family. In-home baby-sitters are usually not trained and have little or no access to training opportunities and support services, and they change jobs frequently because of low pay.

Out-of-Home Care. The least understood form of child care is called family day care. More than 35 per cent of all children in out-of-home care are in family day care, in which the provider is a neighbor, a relative, or a friend who cares for children in her own home for fewer than 24 hours per day. Family day care is an informal neighborhood system that provides support for increasing numbers of parents and children.

The number of children in a family day care home may vary depending on local restrictions, licensing laws, the space in the home, and the ages of children cared for. There are generally two types of homes: the small home operated alone by the provider who cares for fewer than 6 children; and the large group home, where the provider cares for 6 to 12 children with the assistance of another adult.

A few subsidized family day care networks have been developed recently that include both large and small homes. These systems provide assistance to the providers and parents in terms of training, paperwork, support services, and ongoing supervision.

There are many advantages to family day care. It is usually located near the consumer family, and the user and provider may share values and child-rearing practices. The hours may be more flexible than a center's. Because small groups of children are involved, the setting is usually intimate and paced. Cross-age grouping permits siblings to be together. Family care is often less expensive than center care, although this is changing. Unlike other forms of day care, family care will accept infants, non-toilet-trained toddlers, and mildly ill children.

The disadvantages to family day care include the lack of stability among providers, the dependence on one person to meet the needs of a number of children, and the lack of a back-up when the provider is ill or on vacation.

Another consideration is that family day care is by and large unregulated. Usually the only time family day care comes under scrutiny is after a report of child abuse or neglect. Licensing of family day care homes is very difficult and expensive, so in effect parents are the primary licensers of this type of day care.

Day Care Centers. Day care centers come in many forms, shapes, and sizes. They may be sponsored by a community group, school district, church, or temple. They may be privately owned and operated for profit; they may be part of a national corporation; they may be run by unions for their members; they may be connected with a university, college, or hospital; or they may be operated by industries for their employees. A center may care for

anywhere from 15 to 300 children. The physical facility may be anything from a storefront to a laboratory school built especially for children. A program may be totally or partially subsidized by the government, charity, or business, or it may be totally self-sufficient and dependent on parent fees. According to Allison Clarke-Stewart, professor of social ecology at the University of California at Irvine, children "are usually divided into classes according to their age. The average class size is ten for infants and toddlers, seventeen for three-year-olds, nineteen for four-year-olds, and twenty for five-year-olds. Most children in day care centers are three- or four-year-olds. Teachers in the centers tend to be young and of the same race as the children."²

Day care centers are attractive to parents because they often offer more structured programs that parents believe are educational. Centers are also more likely to be licensed and monitored for health and safety requirements. In addition, stability is not a problem. Although the staff may change frequently (usually due to low pay), the center remains. If one staff member becomes ill, there is another to care for the children. Hours, tuition, and rules are predictable. This is an advantage to some parents, while other parents need more flexibility in order to meet the needs of their situations. Centers will not accept sick children, but preventative health care and nutrition may be provided. There is always more than one adult at a center, giving parents and children opportunities for varied contact.

Finding Child Care Services

Finding an adequate, stable child care arrangement can be one of the most stressful situations a parent faces, but the benefits can be enormous. Making a good match in child care between a caregiver and a family can dramatically improve the parents' chances of being effective workers, parents, lovers, and friends and thus minimize opportunities for abuse and neglect.

The particular type of child care preferred depends on the age of the children, past experience of the parents, location, financial considerations, expectations, and ethnicity. In Richard Ruopp's National Day Care Study, published by the U.S. Department of Health and Human Services in 1979, respondents preferred care in the child's own home for children under one year of age, family day care for children from one to three years of age, and a more structured arrangement such as center care for children three and older. Ethnic differences surfaced in this study, with the black families interviewed showing a strong preference for center care.

Studies have found that parents want child care that is (1) affordable, (2) located near their home, (3) available at convenient hours, and (4) the "right kind with respect to sponsorship, facilities, program, and personnel."

Unfortunately, even when child care that suits a parent's preferences is available, parents often have difficulty finding it. Some find child care through newspaper ads or the yellow pages of the phone book. Another source is signs posted in laundromats or local stores, but most arrangements are made by word of mouth. Pediatricians are among those most depended upon to help make good child care arrangements, but they may know little more than the parent in terms of what is beyond the immediate neighborhood. The distraught parent may take the first arrangement that turns up, while there may be a more suitable arrangement one block away. Sometimes parents simply don't have or don't take the time to find the best place for their child. More often, however, parents haven't the slightest notion of how to find that place.

In the past 10 years, information and referral programs have sprung up to fulfill this great need of bringing caregivers, centers, and parents together. These programs survey the neighborhoods they serve and locate available child care places. When parents contact the information and referral agencies, three or four names of possible spaces are given, based on the family's needs. Obviously, such systems can be only as good as the child care available in the areas they serve; even the best referral system can't be of much help in locations where there are few or no openings for children.

Quality Child Care

Quality child care is of course what every parent and professional wants, but its definition varies, depending on one's philosophy of child rearing. Obviously any definition of quality includes a healthy and safe environment; adequate and age-appropriate toys, equipment, and programming; and adults who are interested in their work. Ruopp's National Day Care Study reported that quality in preschool center programs had a good deal to do with the composition of the day care classroom, including the ratio of caregivers to children. "Smaller groups of children and, to a lesser extent, higher caregiver/child ratios (fewer children per caregiver) are associated with more desirable behavior and higher test score gains. Moreover, aspects of caregiver qualifications, especially education/training relevant to young children, are associated with positive classroom behaviors and superior test score gains."

All studies indicate that the key to quality lies in the match between the caregiver, the child, and the family. All the most wonderful equipment, nutritious meals, and stimulating programs will not provide a quality child care arrangement if the family's values conflict with those of the caregiver. So the issue of quality often hinges on how discipline and punishment are handled, how separation is worked through, how routines such as toilet training, weaning, feeding, and napping are viewed. Many children spend most of their waking hours in child care arrangements, and no matter how attractive the program looks, there must not be too much discontinuity between the caregiver and the parents.

This raises the issue of how child care providers can deal with an abusive or neglecting family. In these situations the staff can serve the child and family by providing the best possible care for the child while respecting individual differences and values. For example, if a parent offers permission to the caregiver to spank the child, the caregiver can discuss alternative methods of discipline, explaining that spanking is against the rules and not the most effective way of achieving the kind of behavior desired by both parents and caregiver.

Attachment

Many people, including some well-known experts, have reservations about day care for very young children. They worry that separating the baby from his or her parents at a time when infant bonding and attachment should be developing will prevent or delay the attachment process. Recent research, however, indicates that healthy parent-child attachment can occur when even very young children are placed in an appropriate day care setting. Other studies have explored the possibility that close relationships with caregivers might alienate infants and children from their parents. These studies demonstrate clearly that children prefer their parents over their day caregivers, when they are offered a choice in a stressful situation. Providing a warm, loving caregiver for an abused child actually often results in an improved parent-child relationship. Child care can provide essential respite for parents.

Latchkey Children

Another important aspect of the child care issue is the problem of latchkey children, children who take care of themselves for varying portions of the day or night. The sheer numbers of unattended children involved would make this an important issue under any

National Committee for Prevention of Child Abuse

circumstances, but it is made all the more important by the fact that so many communities are not safe places for children. Drugs, violence, thefts, and emotionally disturbed adults are all too much a part of the current scene in many communities. A recent study by Thomas Long, Ed.D., in the School of Education at Catholic University in Washington, D.C., has documented the wide extent of the situation and the significant effects on the latchkey children. Most of the effects are negative, such as boredom, loneliness, and fear, but latchkey children also derive benefits from their situation in terms of increased self-reliance, responsibility, and pride. Survival courses and kits for children and parents are being developed by community groups such as the Boy Scouts, the Girl Scouts, the Camp Fire Girls, YMCAs, and 4-H Clubs. The Kansas Chapter of the National Committee for Prevention of Child Abuse has developed a program called "I'm in Charge." Part of the program is a film entitled *Lord of the Locks*, which dramatizes important lessons for latchkey children.*

After-school programs are being developed in a number of communities across the country. One recommendation has been to have the public library, the recreation department, and the public school in a community team up to plan and implement an imaginative program. Parents in many communities across the United States have developed informal arrangements in their own neighborhoods to meet the after-school care-giving problem. Parents take turns caring for all the children on the block, or one parent or more agrees to fill this role for all the families in a neighborhood, either on a volunteer basis or for a fee. Many other imaginative after-school programs have been developed by groups of parents.

Baby-sitting

Baby-sitter is defined in Funk and Wagnall's Dictionary as "a person employed to take care of young children while the parents are absent." With the decline of the extended family, the practice of employing baby-sitters has become widespread. In the past the role of baby-sitter was filled by grandparents and others living in the home. Today this situation seldom exists, so the parents often turn to people outside the family.

Older children are also often used as sitters for their younger siblings. In some cultures a large measure of the responsibility for child care is taken over by the older children in the family. In

* Further information about the program can be obtained from the Kansas Chapter of NCPA at 435 S. Kansas, 2nd Floor, Topeka, KS 66603, (913) 354-7738.

the United States there are undoubtedly many 12- and 13-year-olds who are capable of baby-sitting. In general, however, school-aged children do not have the knowledge or mature adjustment to be given the full responsibility for child care. Also, shouldering this burden in some cases robs children of important childhood experiences.

The danger of using untrained and inappropriate baby-sitters because of the potential for accidents and child abuse has been recognized only recently. Many pediatricians and other health professionals working with families place this issue high on their list of subjects to be discussed with parents. In some communities the Red Cross, the schools, and youth-serving agencies such as the Girl Scouts, the Boy Scouts, and the Camp Fire Girls have organized classes to improve the quality of baby-sitting among teenagers.

Parents should exercise care in choosing baby-sitters. Once selected, the sitter should be given instructions regarding activities with the child and disciplining the child. The sitter's behavior should also be clearly circumscribed. Drinking, smoking, using drugs, using the telephone to talk to friends, entertaining, and other potentially dangerous activities should be forbidden. It is also important for the sitter to have *in writing* the telephone number where the parents or some other responsible adult can be reached as well as emergency numbers for the police, paramedics, and fire department.

It would be wonderful if all parents knew where to obtain baby-sitting services. This would minimize the possibility that children would be left alone or left in the care of inappropriate or incompetent adults or children. Every community and neighborhood should have a pool of reliable, experienced baby-sitters. Alternatively, friends or neighbors could band together to exchange baby-sitting services. Helping to develop such an arrangement or pool or hot line could be an exciting and worthwhile project for a group of community volunteers.

Handicapped Children³

There are many working families that require before and after school care, night care, weekend care, and respite care. Similarly, there are families that require care for children who have needs different from the needs of their contemporaries. Day care should be structured to meet the needs of all families, including those with children who have special needs. These children are at higher risk for abuse, and child care can be important to the prevention of such abuse. An example of a program that meets

National Committee for Prevention of Child Abuse

the needs of such parents is Project ABC (Any Baby Can), which links children with special needs to appropriate services at the earliest age possible.*

Services for children with developmental and physical handicaps are rapidly changing as educational, health, therapeutic, and social agencies adopt programs to meet the mandates of Public Law 94-142 (Education for All Handicapped Children Act) and other federal and state laws. These laws promote the inclusion of all children in programs that meet their developmental needs regardless of their handicaps or medical records.

Parents can be helped greatly to accept their child's disability in a supportive setting where concerns and common problems can be shared among parents during visits, conferences, and parent get-togethers. No one can argue against the positive effects of providing a warm, loving, communicating environment for children experiencing mental, sensory, motor, or emotional handicaps or children with health impairments. Day care can provide for the majority of needs for the handicapped child under 24 months of age, although some children, such as the deaf child, may require special activities to meet specific needs, and appropriate consultation should be sought.

As the handicapped child grows older, specific interventions beyond the capability of conventional child care programs may be required. The child care staff, working with appropriate consultants, can devise mechanisms to ensure that all children are appropriately assessed to detect delays in communication and in social, motor, and affective skills. If atypical patterns are detected or suspected, consultation should be sought with health and educational professionals skilled not only in diagnosis but also in assessing functional abilities and developing appropriate intervention plans and services.

As the child increases in age, the specialized needs of the child often become more pronounced. Day care programs must establish a policy in consultation with parents and health and educational personnel regarding the program's ability to meet individual needs. For school-age children the educational and therapeutic needs of the child most frequently are met by the public schools, and the child care center provides the before and after school supervision required by working parents. Most schools are implementing mainstreaming programs, and mainstreamed handicapped children may function very well in day care programs along with nonhandicapped children.

*Further information about Project ABC can be obtained from the San Antonio Chapter of NCPA, 1011 W. Woodlawn, San Antonio, TX 78201, (512) 732-1051.

The majority of children with mild handicaps are not identified by age 24 or 36 months. These include children with mild mental retardation, mild-to-moderate speech and language disorders, and learning disabilities. These children are best served in settings that enhance their total development; day care programs of high quality provide such settings. Severely handicapped children, on the other hand, may require more specialized day care that can be provided only by a trained family day care provider or in a special day care center.

An often neglected aspect of day care is respite care — the service provided a family on a short-term basis to allow a parent a few hours of relief from the care of a severely handicapped child. A very young child generally poses few problems during such respite care periods, but the older, ambulatory child may need more specialized care and supervision. Each program must carefully evaluate its ability to provide high quality care for these children with special needs.

It is universally recognized that handicapped children of all ages are at greater risk for abuse. Caring for a child with special needs creates great stress in families, and child care, both respite and ongoing, has been shown to be one of the best approaches to preventing such child abuse and neglect.

Crisis Child Care

Another form of child care is the crisis nursery or the crisis child care center. These are centers to which parents who feel overwhelming emotional stress or pressure can bring their children until they are able to cope. This gives parents the opportunity to express their anger and frustration appropriately and to pull themselves together rather than exploding and taking their feelings out on their children.

The first crisis center was established in Denver, Colorado, in 1973 as part of an overall child abuse prevention package. The center has remained an integral part of this pioneer program. Since 1973 many crisis centers have sprung up across the country, such as the El Paso Crisis Nursery in Texas. Some centers provide minimal services, their main purpose being to provide time away from their children for harried parents. Others provide broader services for both parent and child. All can be truly effective only if they are open around the clock and if they establish appropriate ties with other community services. For these reasons, an established child care facility, especially one associated with

a 24-hour institution such as a medical center, might have the best potential for developing a crisis child care center.

Therapeutic Child Care

Group care of children can be organized to provide a therapeutic milieu for children. This kind of undertaking requires that the caregivers either be skilled mental health professionals or work under the direct supervision of such professionals. In the past, this kind of therapy was usually reserved for emotionally disturbed children. In recent years, however, centers working with abused and neglected youngsters have used this approach with some success. The results seem to be dependent on the goals of the program, the kind and degree of inflicted trauma, the pathology in the family, the skill of the therapists, and many other factors. The goals of most programs include relieving anxiety and fear and instilling heightened self-esteem and improved self-image in the youngsters. The children are encouraged to express and share feelings, to learn appropriate coping skills, and to learn to avoid rather than invite abuse by adults. As prevention of further abuse is a major goal, concurrent parental counseling and appropriate parental involvement in the program are usually included in the therapeutic package. Therapeutic group experiences appear to be especially effective with children who have been sexually abused.

The Financial Dilemma of Child Care

According to the Canadian Council on Children and Youth, "The customary conditions for a stable family and community environment no longer exist for increasing numbers of young families. If we accept that successful child rearing is crucial to the establishment of a stable society, we must be prepared to supplement the efforts of individual families in carrying out this responsibility.

"To this end, we must reject the concept of day care as a baby-sitting service for working mothers or, worse, as a remedial service for inadequate parents. Day care services must be perceived as supports and enrichments to family life in general which offer the young child essential opportunities for socialization."⁴

A good child care center will use from 80 per cent to 90 per cent of its budget on salaries for the caregivers. This is to ensure that there are enough adults to attend to the individual needs of children. In most cases, unfortunately, these teachers and aides

receive low wages. Yet, if child care salaries were to be increased, most working class families, unable to qualify for state support, could not afford child care.

Those families that are unable to purchase or find good child care may, in the long run, cost society much more than it would have cost to provide good child care. It is cheaper to put resources into early preventative programs (in this case child care) than to spend dollars later for remediation and intervention. A recent longitudinal study has demonstrated this. The Perry Preschool Project demonstrated that for every \$1,000 invested in the preschool (child care) program, at least \$4,130 (after inflation) will be returned to society in the form of reduced costs for education and legal processing for delinquent behavior and increased life-time earnings for participants.⁵

Child care programs face a mighty dilemma, summarized in the following statements:

- Children must have good child care in order to learn and grow and minimize the need for later, costly intervention;
- In order to provide good child care there must be enough caring adults who receive adequate salaries; and
- In order for working parents to pay the full cost of care, child care must be affordable.

To resolve this dilemma, a national child care policy must be developed that will address this crucial issue.

Case Study

The following case study demonstrates the mutual benefits to society and the family of appropriate child care.

Mabel B.

Mabel B. is a single parent who came from a very disturbed family background. Her father was an alcoholic who became violent when under the influence and could never hold a job. Her mother, after being battered by her husband, would often take out her rage and frustration on her children. Mabel was a frequent target and remembers wearing long-sleeved shirts and jeans to school to hide the bruises.

Mabel married a man very similar to her father. After five stormy years, she divorced him and went on welfare to support her three children. She describes a feeling of numbness as she staggered through the next few years. Finally, with boys then six and eight in school and her three-year-old daughter toilet trained and ready for

preschool, she decided to enroll in an LVN (licensed vocational nurse) training program. Her plan was to put her daughter, Susan, in a day care center and her sons in an after-school program, but she could not find any affordable child care services in her neighborhood. Reluctantly, she asked her mother to help out. The children's grandmother agreed to baby-sit all the children while Mabel was in school.

A few months later Susan was admitted to Children's Hospital with second-degree burns on her buttocks. The medical staff suspected that the burns were nonaccidental and reported this to the hospital social worker and child abuse team who, in turn, reported to child protective services. When Mabel and her mother gave a series of conflicting, changing, and impossible explanations for the burns, the child abuse unit of the local police was called. Mabel then gave the officer and the protective services worker a more plausible explanation. Mabel stated that her mother had been playing "chicken" with the youngster. She would hold her over a pot of boiling water on the stove, telling the child that chickens get cooked. The juvenile court ruled that the grandmother's actions were "child endangering," and Mabel was prohibited from leaving the children with her. This came at a time when Mabel was close to completing her training and reaching her goal of independence. An adequate child care plan was essential for her.

At this point the protective services worker stepped in. She knew that abused and neglected children had first priority for service in subsidized child care. She called an appropriate child care center and made the referral. Despite the center's long waiting list, places were found for Mabel's youngsters. Mabel was able to complete her training and subsequently found a position as an LVN at a local hospital. She is off welfare, and Susan and her brothers are thriving in a safe, nurturing, developmentally appropriate environment.

Child Care and Child Abuse Prevention

What is the relationship between child care and child abuse prevention? The role of child care in child abuse prevention is to support the parents in doing a quality job of parenting. The quality of parenting is determined partly by how well prepared parents are for their role, partly by how parents themselves were parented, and partly by current family interactions. Mothers and fathers who feel good about their own childhood, have a positive model to work from, and have a healthy self-image are likely to do well. This is especially true if they feel supported and appreciated within their family group and community. Without jobs, decent income, housing, health care, and other support systems, even the best prepared, best oriented fathers and mothers may find their task intolerable, and some form of child abuse may result.

All families require some form of ancillary child care services at some time, and many families need child care services on an ongoing basis. In today's world more affluent families use housekeepers, baby-sitters, nursery schools, after-school programs, and activities such as music lessons, dancing, and camps as support services. The less affluent and the poor use relatives, neighbors, siblings, and, when available, community services.

All children, at some times in their lives, can benefit from children- and youth-oriented services that go beyond the care provided by even the best of parents in the best of circumstances. The development and stimulation offered by appropriate out-of-home child care experiences as well as the opportunities to interact with other children and adults can be very valuable.

Mothers and fathers need assurance that their children are safe and well cared for while the parents are at work or away from home. This assurance is important to relieve parental worry, guilt, and feelings of loss when separated from the children. For many parents, knowing that the children are in good hands enables them to pursue their job or career and outside interests, resulting in an improvement in mental health and a lowering of family stress. Without such time away from child care responsibilities, many parents become tense, anxious, and depressed. In this state of mind they are less able to cope with the stresses of child rearing. This may result in a lowering of self-control, which places the children at risk for abuse. This is especially true for parents who were abused as children.

Abusive parents and families are often very isolated. They often have no relationships with anyone in their community, even their next-door neighbors. Appropriate child care services can provide relief from this isolation. Involvement with their children's other caregivers may provide some parents with their only adult relationships other than those at work. Even brief contacts with a child care center director, teacher, or a family day care mother can be very supportive and provide some relief from isolation.

Adequately trained caregivers can also serve as teachers and role models for parents. They can help fathers and mothers to understand and accept normal child behavior. They can also help parents learn reasonable ways of coping with the stresses of child rearing. In many cases child abuse occurs because parents have unrealistic expectations of their children's capabilities. Caregivers can serve as role models for mothers and fathers who have experienced poor or inadequate parenting and therefore have no good role models, and this can be done without weakening parental authority or undermining parental ability to teach and model desirable cultural and family values.

Appropriate child care services can also improve the quality of life for children who, while not actually abused, live in a less than desirable family situation. This includes children who are well taken care of physically but who need to build self-esteem through positive contacts with peers and adults rather than demeaning, negative ones. The care, nurturing, and support of a warm, sensitive caregiver can be a new and constructive experience for these children and can serve as a model for their parents.

The child who is "different" in terms of development or behavior and the child who, for a variety of reasons, becomes the scapegoat in the family are both at high risk for abuse. Optimal child care outside the family setting gives these children an opportunity to enjoy an accepting, warm, nurturing environment, which they may not be experiencing at home. In addition, supportive child care services can give parents an opportunity to step back and examine their feelings and actions toward their "special" child. In an appropriate child care setting, such children also learn social and coping skills that will improve the situation at home. The abused child whose behavior tends to invite more abuse may learn from peers and caregivers how to change that behavior. Children can learn the negative consequences of their behavior and the rewards of more acceptable behavior. It is important for the child's parents to be involved in the therapeutic process. This can be achieved if there is a comfortable relationship between parent and caregiver.

Quality child care services, planned and implemented by caring, skilled, knowledgeable adults, can also provide the means to identify children and families at risk before physical and sexual abuse occurs. Caregivers can learn to recognize the signs of family dysfunction that can lead to physical and sexual abuse and can help children learn how to protect themselves. This early identification of a problem provides the opportunity to guide these families to appropriate community resources.

Conversely, parents should be on the lookout for signs of dysfunction in the child care setting, although most child abuse, including sexual abuse, does not occur in child care settings but rather in the home. Parents can protect their children from abuse in child care by maintaining communication with the caregivers, talking with other parents using the same facility, being suspicious of any limitation on parental visiting or being prohibited from seeing any room or area inside or outside the facility; and above all, by talking and listening to their children and noting any changes in their behavior. Direct parental involvement in a child care program is another safeguard. (See Appendix D for a list of safeguards.)

A number of programs have been developed to help caregivers, parents, teachers, and children cope with sexual misuse. The *Bubbylonian Encounter*, for example, is a child sexual abuse prevention play for school-aged children developed by the Kansas Chapter of the National Committee for Prevention of Child Abuse in conjunction with the Theatre for Young America and the Johnson County Mental Health Center. The production uses humor, drama, and audience participation to illustrate both positive and negative touching. Through the play's leading character, children learn what steps to take if forced touching should occur. Each performance also provides an opportunity for consultations between parents and professionals. Many educational models have been developed for children, parents, and day care providers (see Appendix A for one such model).

The children of parents who are physically, emotionally, or mentally handicapped are often at risk for emotional, if not physical, abuse. These families need help, including quality child care services that provide nurturing and growth-stimulating experiences for the children and supportive services for their parents.

When newborns leave the hospital for home, they disappear from community view until they enter school. This is a gap of about five years, and during this time families have no compulsory ties to the community, nor are they given support or guidance. Quality child care services, integrated into the

National Committee for Prevention of Child Abuse

neighborhood, could fill the gap. Such an arrangement would offer care to all children and their families. This would allow screening for difficulties such as abusive situations while promoting healthy child and family development.

Questions and Answers about Child Care

The following are questions parents frequently ask about child care.⁶

I feel so guilty about having someone else care for my child. Won't this separation interfere with my child's development and our relationship?

Available evidence indicates that the opposite is true. There are many books, papers, and manuals that support the idea that quality day care services usually enhance child maturation and development and may improve the parent-child relationship.

Is day care harmful to the physical health of my child?

Children in high quality day care compare very favorably with children reared in their own home in terms of physical health. The advantage of early detection and treatment of illness appears to far outweigh the slightly increased possibility of picking up mild infections such as colds and diarrhea. Also, a carefully planned nutrition program can not only improve the health of the child but also provide nutrition education for both the child and the family.

Is day care harmful to the mental and social development of my child?

Available evidence appears to indicate that children in child care compare very favorably developmentally with children who remain at home with their parents. The benefits of developing cognitive, affective, and social skills through interaction with other children and nonfamily adults in a safe, structured setting supervised by a caring, knowledgeable adult are far greater than the possibility that the child will miss some of the warmth and depth of the parent-child relationship.

Will my child love and respect the caregiver more than me?

There is abundant evidence that children in day care still look to their parents when there are decisions to be made and prefer their parents in times of stress. It is not the amount of time parent and child are together that establishes appropriate bonding and attachment but rather the quality, security, and predictability of that interaction.

Will a child who attends a day care center or nursery school be bored when he or she goes to school?

All the evidence appears to show that this is not true. The gains children make in emotional, social, and cognitive well-being in quality developmental day care appear to improve their motivation for learning and hence their school performance.

Will the day care center or other caregiver handle my child differently than I do and make it difficult for me to rear my child the way I want to? In short, will my child be brainwashed and alienated from the family?

The best way to avoid this problem is for parents to be involved with their child's care and to communicate with the caregiver. If the differences are too great, a change of setting is advisable.

What to Do and How to Do It

Starting a Child Care Service

One of the advantages day care services provide for parents and children is the opportunity for them to interact with the community in which they live and an opportunity for the community to play a role in determining the quality of its citizens and its families in the next generation. In addition, the individual who chooses to become involved with starting a child care service has the opportunity to seek and find creative solutions for the benefit of children and to be involved with both families and the community as they evolve.

The person considering starting a child care service should have at least an elementary knowledge of the issues involved in child abuse prevention and optimal child care services. Having satisfied this prerequisite, the following actions should be taken:

- Survey the community for areas of greatest need. What are the gaps in service for children and families? Which children are most in need of child care? Which families are most in need of support services? What kind of child care services would relieve a family stress for these families and meet the developmental needs of the children served?
- Survey the community for existing services, asking also about programs that started but failed. Which agencies, individuals, and programs could be helpful if a new child care service were to be established? Does the community have a Junior League, Council of Jewish Women, or chapters of other national groups that have shown interest in child abuse or child care?
- Look for and offer to work with any groups or committees that are attempting to coordinate services in that community, such as the United Way. How might a new service work into any existing network of social services? Is there an available information and referral service? Can a new service develop linkages with other family and children's services in the community such as social services, health services, child care services, business and industry, and legal and governmental services?
- Determine if a physical facility is available that will meet the needs of the children and also the local health and fire regulations and the state and local licensing codes. Could insurance be obtained for a child care service?
- Develop a board of directors or group of supportive individuals to work with and to enhance explorative and planning

strategies. If possible, this group should include people from different disciplines and different segments of the business and professional community. A group of five or six would be adequate in the early planning stages. Consult with professionals in the field and obtain appropriate literature regarding staffing a child care service. What child-to-staff ratio is appropriate for different ages of children? What level of training and experience is optimal for the kind of program being developed? What organizational structure will best accomplish the goals of this particular child care service?

- Explore funding possibilities, including available and potential sources of income. What would be an appropriate fee schedule? What private or governmental funding is available or potentially available? Could ties with existing agencies or groups be helpful?
- Think through the possibilities for evaluating the program. If the reduction of child abuse is a goal, what criterion could be used to judge success or failure? Which community agencies could contribute to the evaluation by providing data on the families served? If the development of coping skills in the children is a goal, what measures have other child care services, such as Head Start, used to evaluate their programs?
- Choose a competent child care professional to direct the program. It might be appropriate to choose this person early in the exploration process to share the burden with the program originator and the group of advisors. It is important to find a professional with whom the program originator can work comfortably on a day-to-day basis, even though they might not agree on every detail.

After examining the issues listed above, it may be determined that the establishment of a child care service is not possible or appropriate in this community at this time. If this is the case, an advocacy approach might be considered, if conditions in the community warrant it.

Child Advocacy

Children are powerless; they have no money and no vote. They are dependent on adults to meet their physical, psychological, and developmental needs. Governmental policies, however, place children on the lowest level of priority. During periods of lessened governmental resources, the greatest cuts in service are directed at programs that support families and children. Because children are the first to be hurt, children must have advocates.

A major role of child advocacy is to be involved in the legislative process. When bills are pending that would either benefit or harm children, support or opposition should be expressed to local and national legislators. Personal letters, letters from friends, and letters from members of organizations or churches are of key importance. Legislators respond to their constituents, and if enough voices are raised in favor of child protection, they will vote accordingly.

After pending legislation has been studied, the advocacy effort can be broadened by writing letters to the editors of local newspapers, giving talks to organizations that need and want more information, and organizing small groups of neighbors and friends who are interested in what is going on. It is important to use existing resources as much as possible. Determine which agencies, groups, or committees already active in the advocacy field would welcome support and active participation. Which others would supply advice and guidance? Appendix C lists organizations that could prove helpful.

Much child advocacy can be accomplished through an organization or church group that wants to become more involved with child care and child abuse prevention activities. A committee or a group within the organization could be instituted to increase expertise and activities in behalf of children. A number of child abuse prevention activities relating to child care could be explored by such a group, including a day care program or nursery school, an after-school or latchkey children's program, a day care information and referral service, a baby-sitting service, or a sexual abuse prevention program.

Volunteers

No discussion of child care would be complete without mentioning the role of volunteers. Because of the efforts of volunteers throughout the world many children are spared from exploitation, inequity, and injustice. In the fields of child abuse treatment and prevention and child care, there are many examples of outstanding contributions by individual volunteers and volunteer organizations.

Summary and Conclusions

Opponents of the expansion of day care and child care services argue that the American family is already being threatened by too much outside interference. They state that (1) day care is a threat to the American home and family by encouraging parents to abrogate their responsibilities; (2) day care allows psychologists, educators, and bureaucrats to brainwash children and to usurp the rights of parents and families; and (3) day care interferes with and weakens the normal relationship between parent and child.

Current research does not support these points. It has been found that children in quality day care compare very favorably in all spheres with children cared for in their own homes. Children in high quality day care show gains in cognitive, affective, and social development equal to or better than the gains of their peers cared for at home. The data also show no evidence of brainwashing, no interference in the parent-child relationship, no "invasion of privacy," and no undermining of home and family. On the contrary, there are indications that day care seems to support the home and the family and to minimize child abuse and neglect, especially when parental involvement in the day care setting is encouraged.

In the 1980s the United States has become increasingly aware of and concerned about the magnitude of the problem of child abuse and neglect. In developing a national policy to ameliorate this shameful problem, child care must be considered a vital resource for prevention and treatment. Exploration and support of a variety of child care models at the federal, state, and community levels are essential in order to assure available and appropriate resources for all families. The development of this kind of child care system would be a giant step in the direction of a society relatively free from child abuse and neglect.

Appendix A: A Day Care Model

A study group of the American Orthopsychiatric Association published a report on the mental health aspects of day care in 1973. This report is as valuable today as it was then and can serve as a model for standard setting and a guide for health and mental health professionals who wish to advocate for children through support day care.⁷

The report develops 18 issues, which are paraphrased as follows:

1. All aspects of the child's development should be considered in planning and evaluating a day care service.
2. The experiences planned for the child should be maximally suited to the child's individual developmental needs.
3. The day care program should encourage the child to explore, make choices, and develop a variety of coping methods.
4. The day care program should promote the expression of a balanced variety of feelings.
5. The total day care experience should enhance the child's task orientation.
6. The total day care experience should facilitate the psychological move between the family caretaking environment and the day care environment.
7. Day care services should supplement and complement the family rather than replace that basic caretaking unit.
8. In a given community, a family should have the true option of using family day care, group care, or some combination of arrangements.
9. Continuing professional help should be available to the family and should be defined by both the professionals and the family members.
10. The basic child-rearing pattern associated with certain ethnic and racial groupings should be fully recognized in organizing a particular day care service.
11. In planning help for the family, special attention should be given to family-child relationship experiences.
12. The day care program should include those experiences that are not available in the home and are felt to be critical to the development of the children being cared for.
13. A structure should be developed that ensures adequate day-to-day relevant communication between child care staff and parent.
14. One member of the caretaking staff should be fully informed about the total development of the child and family and should be the advocate of necessary changes to promote that development.
15. Administrative practices should support autonomy in decision-making on the part of staff responsible for children.
16. Staff working with children should receive stimulation and support from their administration.
17. Restriction of activity because of possible safety hazards should be carefully considered.
18. The size of the day care center should be kept small.

National Committee for Prevention of Child Abuse

In their concluding remarks, the members of the study group recommended the following criteria for the evaluation of day care programs:

- Attention to individual needs.
- Attention to all areas of functioning.
- Promotion of the child's active choice-making.
- Encouragement of learning to deal with a variety of feelings.
- Enhancement of engagement as opposed to passive receiving.

The study group also suggested that a model program be based on the concept of the extended family, characterized by:

- Extensive communication with caregivers, being responsive to the needs of the family, and encouraging the participation of families.
- Support of family resources by both the caregiver and continuing, well-trained professional help.
- Supplementing of family-to-child experiences in the day care setting, especially in those critical areas where direct help to the family is not feasible.

Appendix B: Additional Reading

Child Abuse

- Bourne, Richard, and Newberger, Eli, eds. *Critical Perspective on Child Abuse*. Lexington, Mass.: Lexington Books, 1979.
- Coolsen, Peter. *Strengthening the Family through the Workplace*. Chicago: National Committee for Prevention of Child Abuse, 1983.
- Friedman, Alma S., et al. "Dilemmas in Child Abuse and Neglect." In *Working for Children*, edited by Judith S. Mearig. San Francisco: Jossey-Bass, 1978.
- Gray, Ellen. "Child Care and Family Functioning: A Review." (Working Paper No. 16.) Chicago: National Committee for Prevention of Child Abuse, 1982.
- Helper, Ray, and Kempe, C. Henry, eds. *Child Abuse and Neglect: The Family and the Community*. Cambridge, Mass.: Ballinger, 1976.
- . *The Battered Child*. 3rd ed. Chicago: University of Chicago Press, 1980.
- Martin, Harold P., ed. *The Abused Child*. Cambridge, Mass.: Ballinger, 1976.

Crisis Child Care

- Curtis, Joan G. *How to Develop a Crisis Nursery*. Athens, Georgia: RISWR Inc., 1977.

Volunteers

- Gratch, Alan S. *Board Members Are Child Advocates: A Plan for Action*. New York: Child Welfare League of America, 1980.
- National Center on Child Abuse and Neglect. *Volunteers in Child Abuse and Neglect Programs*. Washington, D.C.: NCCAN, Special Report, August 1978.
- Schindler-Rainman, Eva, and Lippitt, Ronald. *The Volunteer Community*. Washington, D.C.: Center for Voluntary Society, 1971.

Latchkey Children

- Long, Lynette and Thomas J. *A Handbook for Latchkey Children and Their Parents*. New York: Arbor House, 1983.

Child Care Instructional Materials

- American National Red Cross. *Babysitting*. (Manual, tape, and filmstrip.) Washington, D.C., 1981. (Order only through local chapters.)
- Auerbach, Stevanne, and Freedman, Linda. *Choosing Child Care: A Guide for Parents*. San Francisco: Parents and Child Care Resources, 1976.
- Baden, Ruth, et al. *School-Age Child Care: An Action Manual*. Boston: Auburn House, 1982.
- Breitbart, Vicki. *The Day Care Book*. New York: Alfred A. Knopf, 1974.
- Evans, E. Belle; Shub, Beth; and Weinstein, Marlene. *Day Care, How to Plan, Develop and Operate a Day Care Center*. Boston: Beacon Press, 1971.
- Highbearer, Ruth, and Schramm, Carol. *Child Development for Day Care Workers*. Boston: Houghton Mifflin Co., 1976.

National Committee for Prevention of Child Abuse

- Hoeldtke, Elizabeth. *Chi'd Care-Babysitting*. New York: Camp Fire Girls, Inc., 1975.
- Lanski, Vicki. *Dear Babysitter: A Sitter's Handbook*. Deephaven, Minnesota: Meadowbrook Press, 1982.
- Maryland Committee for Children, Inc. *A Guide to Child Development Services in Maryland*. 1983. (This guide would be useful in any state. Order from the Maryland Committee for Children, Inc., The Chocolate Factory, 608 Water St., Baltimore, MD 21202.)
- Sciarras, Dorothy J., and Dorsey, Anne. *Developing and Administering a Child Care Center*. Boston: Houghton Mifflin Co., 1979.
- U.S. Department of Health and Human Services. *A Parent's Guide to Day Care*. DHHS Publication No. 80-30254, 1980. (Order from Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.)
- U.S. Department of Health and Human Services. *The Pocket Guide to Babysitting*. DHEW Publication No. 76-30045. (Order from Superintendent of Documents as indicated above.)
- Wallach, Lorraine, and Weissbourd, Bernice. *Creating Drop-in Centers: The Family Focus Model*. Chicago: Family Focus, 1979.

Background Reading

- American Academy of Pediatrics, Committee on Infant and Preschool Child. *Recommendations for Day Care for Infants and Children*. Evanston, Ill.: American Academy of Pediatrics, 1979.
- Auerbach, Stevanne. *Confronting the Child Care Crisis*. Boston: Beacon Press, 1979.
- Collins, Alice, and Watson, Eunice. *Family Day Care*. Boston: Beacon Press, 1976.
- Galinsky, Ellen, and Hooks, William. *The New Extended Family: Day Care that Works*. Boston: Houghton Mifflin, 1977.
- Kourany, Ronald. "Parent Attitudes and Babysitting Problems: An Opportunity for the Pediatrician." *Journal of Developmental and Behavioral Pediatrics*, in press.
- National Academy of Sciences. *Toward a National Policy for Children and Families*. Washington, D.C.: National Academy of Sciences, 1976.
- Provence, Sally; Naylor, Audrey; and Patterson, June. *The Challenge of Day Care*. New Haven, Conn.: Yale University Press, 1977.
- Smith, Helen. *Survival Handbook for Preschool Mothers*. Chicago: Follett Publishing Co., 1977.
- Steinfelds, Margaret. *Who's Minding the Children?* New York: Simon and Schuster, 1977.
- . *Family Day Care*. U.S. Department of Health and Human Services: DHEW Publication No. 73-1054. (Order from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.)
- . *Day Care, Serving Preschool Children*. U.S. Department of Health and Human Services: DHEW Publication No. 74-1057. (Order from the Superintendent of Documents as indicated above.)
- Ziegler, Edward, and Gordon, Edmund, eds. *Day Care: Scientific and Social Policy Issues*. Boston: Auburn House, 1982.

Appendix C: Organizations

Local Community Resources

Within each community there are agencies and organizations that may be useful in helping to define the needs of children in the community. They may also be able to assist in establishing child care and child abuse prevention programs. The following list of agencies, organizations, and committees typically found in a community will give the reader an idea of the possibilities that may be available.

Governmental Agencies

City or county community development divisions or committees
City council
County board of supervisors
Social service or welfare department
Child welfare
Child protective services
Protective services
Child care licensing

Educational Programs

Community colleges (individual departments such as education, home economics, early childhood, psychology)
Universities (individual schools and departments)
Adult education
Parent-Teacher Association (P.T.A.)

Community Services

United Way
Welfare and Information Service
Red Cross (babysitting training and child care classes)
Family service agencies
Religious organizations (churches, clubs)

Information and referral programs (child care information and referral, parent education, child abuse prevention)
Self-help groups (Parents Anonymous, Parents United)
Salvation Army, Volunteers of America, and others
Family crisis and stress centers

Youth Serving Organizations

Boy Scouts, Girl Scouts, Camp Fire Girls, Woodcraft Rangers
YMCA, YWCA
4-H Clubs

Women's Organizations

League of Women Voters
National Organization for Women (N.O.W.)
Junior League
American Association of University Women
Council of Jewish Women
Council of Black Women

Service Clubs

Veterans' groups
Lions, Rotary, Kiwanis, BPOE (Elks), Knights of Columbus, and others
Chamber of Commerce and Junior Chamber of Commerce

Most of the organizations and agencies can be located in the telephone directory under their own names or under "Social Services," "Community Services," or "Information and Referral Services."

National Committee for Prevention of Child Abuse

National Child Abuse Organizations

American Humane Association
Children's Division
9725 E. Hampden Avenue
Denver, CO 80231

International Society for the
Prevention of Child Abuse
and Neglect
1205 Oneida Street
Denver, CO 80220

C. Henry Kempe National Center
for the Prevention and
Treatment of Child Abuse
and Neglect
1205 Oneida Street
Denver, CO 80220

National Child Abuse Coalition
(Child advocacy)
1125 15th Street, N.W.
Suite 300
Washington, DC 20005

National Center on Child Abuse
and Neglect
Children's Bureau
Administration for Children,
Youth and Families
U.S. Dept. of Health and Human
Services
P.O. Box 1182
Washington, DC 20013

National Committee for
Prevention of Child Abuse
332 South Michigan Avenue
Suite 1250
Chicago, IL 60604

Parents Anonymous
(self-help)
22336 Hawthorne Blvd.
Suite 208
Torrance, CA 90505

Parents United/Daughters
and Sons United
(sexual abuse, self-help)
P.O. Box 952
San Jose, CA 95108

Other National Organizations

The following national organizations can help identify written material and resources that are available on the subject of child care and child abuse.

American Academy of Pediatrics
P.O. Box 1034
Evanston, IL 60204

Association for Childhood
Education International
3615 Wisconsin Avenue, N.W.
Washington, DC 20016

Association for the Care of
Children's Health
3615 Wisconsin Avenue, N.W.
Washington, DC 20016

Child Care Support Center
Save the Children
1182 W. Peachtree Street, N.W.
Suite 209
Atlanta, GA 30309

Child Welfare League
67 Irving Place
New York, NY 10003

Children's Defense Fund
(child advocacy, Child Watch)
1420 New York Avenue, N.W.
Washington, DC 20036

Child Care and the Family

Clearinghouse on Elementary
and Early Childhood
Education

University of Illinois at
Champaign-Urbana
College of Education
University of Illinois
Urbana, IL 61801

Coalition for Families
1346 Connecticut Avenue, N.W.
Suite 312
Washington, DC 20036

Council for Exceptional Children
1920 Association Drive
Reston, VA 22090

Family Outreach of America, Inc.
1329 7th Street
Corpus Christi, TX 78404

Family Resource Coalition
230 North Michigan Avenue
Suite 1625
Chicago, IL 60601

Family Service Association
of America
44 East 23rd Street
New York, NY 10010

National Center for Missing
and Exploited Children
1835 K Street, N.W.
Suite 700
Washington, DC 20006

High Scope Foundation
600 N. River Street
Ypsilanti, MI 48197

Military Family Resource Center
6501 Loisdale Court, Suite 900
Springfield, VA 22160

National Center for Clinical
Infant Programs
733 15th Street, N.W., Suite 912
Washington, DC 20005

National Association for the
Education of Young Children
1834 Connecticut Avenue, N.W.
Washington, DC 20009

National Black Child
Development Institute
1463 Rhode Island Avenue, N.W.
Washington, DC 20005

National Child Commission on
Resources for Youth, Inc.
605 Commonwealth Avenue
Boston, MA 02215

National Committee for Adoption
1346 Connecticut Avenue, N.W.
Suite 326
Washington, DC 20036

National Foster Parent
Association
P.O. Box 257
King George, VA 22485

National Council of Churches
473 Riverside Drive
New York, NY 10115

North American Council on
Adoptable Children
1346 Connecticut Avenue, N.W.
Suite 229
Washington, DC 20036

Parents Without Partners
7910 Woodmont Avenue
Bethesda, MD 20814

School-Age Child Care Project
Wellesley College Center for
Research on Women
Wellesley, MA 02181

Single Dad's Lifestyle
P.O. Box 4842
Scottsdale, AZ 85258

National Committee for Prevention of Child Abuse

**Step Family Association of
America**

**900 Welch Road, Suite 400
Palo Alto, CA 94304**

**Superintendent of Documents
(child care publications)**

**U.S. Government Printing Office
Washington, DC 20402**

**U.S. Department of Health
and Human Services**

**Administration for Children,
Youth & Families**

Children's Bureau

**P.O. Box 1182
Washington, DC 20013**

Appendix D: Tips to Prevent Child Molesting

The following tips are reprinted from "When Child Care Becomes Child Molesting" and are reprinted by permission from the July 1984 issue of *Good Housekeeping* © 1984 by the Hearst Corporation.

What to Look For

- Don't hesitate to thoroughly check out any kind of child care, even if it's being offered by someone you know.
- Check to see if a center or home is licensed, but remember, a license means only that the place has met certain physical requirements; it indicates little about the quality of the care or the background of the care givers. Private care givers may not need to be licensed; requirements vary from state to state (check with the the social-service or health department or with a child-care information and referral service).
- Talk to other parents who use the care giver or center you are considering. Ask a private care giver for references *and check them*. Also ask for the care giver's employment history, especially past jobs involving children. Ask a center whether it does thorough background checks on its employees and how they are done.
- Arrange to interview the care giver at the place where your child will be cared for and take your child with you. Make sure the care giver's views on discipline agree with yours.
- After the interview sit and watch how the care giver relates to your child and the other children she cares for. How is misbehavior handled? Does the care giver seem interested in the children or harassed? Do the children seem happy and busy or withdrawn and fearful?
- Find out how your child will be spending his or her time during the day. Is there a daily schedule? Too much idle time is a bad sign. Make sure there are enough toys, books, and other kinds of play equipment.
- Make sure the care giver understands he or she must ask permission to take your child off the premises for a shopping or field trip and that your child is never to leave with another adult unless you say so.
- Tour the home or center and make sure you see the entire area, inside and out. If you are kept away from a particular room or area, *don't use that care giver*.
- If you have decided on a care giver, arrange for a short trial period first.
- After you have arranged for care, drop into the home or center unannounced from time to time. Never use a care giver or center that does not allow unannounced visits.
- When you pick up your child at the end of the day, casually ask the care giver what went on that day. Also talk to your child about the day's activities. Keep in contact with parents of the other children.
- If your child seems unusually upset about being left at the home or center, find out why.

References

1. Mary Jo Bane. *Here to Stay: American Families in the Twentieth Century*. New York: Basic Books, 1976.
2. Allison Clarke-Stewart. *Day Care*. Cambridge: Harvard University Press, 1982.
3. Adapted from A. Healy and D. Friedman, "The Health Professional and Day Care for Young Children," in H. Wallace et al., eds., *Maternal and Child Health Practices*, 2nd ed. New York: Wiley, 1982.
4. Canadian Council on Children and Youth, *Admittance Restricted: The Child as a Citizen in Canada*. Ottawa, Ontario: Canadian Council on Children and Youth, 1978.
5. Lawrence Schweinhart and David Weikart. *Young Children Grow Up: Effects of the Perry Preschool Program on Youths through Age 15*. Ypsilanti, Michigan: High/Scope Press, 1980.
6. Healy and Friedman. "The Health Professional."
7. Heinicke, et al. "The Organization of Day Care: Considerations to the Mental Health of Children and Family." *American Journal of Orthopsychiatry*, 43:1 8-22, Jan. 1973.

Other NCPA Publications

The National Committee for Prevention of Child Abuse (NCPA) distributes and publishes educational materials that deal with a variety of topics, including parenting, child abuse, and child abuse prevention. The NCPA catalog is available free upon request from NCPA, Publishing Dept., 332 S. Michigan Ave., Suite 1250, Chicago, IL 60604-4357, (312) 663-3520.

Written in a conversational style, the publications are excellent reading for professionals, lay persons, and students. Selected publications, as indicated, are available in Spanish. Some NCPA titles are:

Child Abuse Prevention:

*Strengthening the Family
through the Workplace*
*An Approach to Preventing
Child Abuse*
*Healthy Preschoolers through
Community Action*
It Shouldn't Hurt to Be a Child
*Evaluating Child Abuse
Prevention Programs*
*Self-Help and the Treatment
of Child Abuse*
My Brother Got Here Early

Child Abuse

*Emotional Maltreatment of
Children*
Physical Child Abuse
*Understanding Sexual Child
Abuse*
Dealing with Sexual Child Abuse
*Basic Facts about Sexual Child
Abuse*
*Think You Know Something
about Child Abuse?*
(English and Spanish)
Maltreatment of Adolescents
Physical Child Neglect

Parenting

What Every Parent Should Know
(English and Spanish)
*Child Discipline: Guidelines for
Parents* (English and Spanish)
*Growth and Development
through Parenting*
*Getting New Parents Off to a
Good Start*
*Parent-Child Bonding: The
Development of Intimacy*
(English and Spanish)
*Foster Parenting Abused
Children*

Special Subjects

*Child Abuse and the Law: A
Legal Primer for Social Workers*
*Annotated Bibliography of Legal
Articles on Child Abuse*
*The Disabled Child and Child
Abuse*
*Catapulting Abusive Alcoholics to
Successful Recovery*

General Topics

*Fund Raising in the Private
Sector*
Networking: What's It All About?



David B. Friedman, M.D., is emeritus professor of pediatrics at the University of Southern California. He has served as codirector of the Region IX Child Abuse and Neglect Resource Center in the U.S. Department of Health and Human Services and now serves on the national board of directors of the National Committee for Prevention of Child Abuse. His publications include papers on day care, parent development, and the dilemmas of child abuse.



June Soinit Sale, M.S.W., is the director of the University of California at Los Angeles (UCLA) Child Care Services, codirector of the UCLA Bush Foundation Program in Child Development and Social Policy, and adjunct lecturer at the UCLA Graduate School of Education. A long-time child advocate and activist, she is former chair of the California Governor's Advisory Committee on Child Development Programs. Her writings include many publications dealing with family day care.



Vivian Weinstein is an associate professor of pediatrics at the King/Drew Medical Center in Los Angeles and associate director of the Child Development Division. She is a member and former chair of the California Child Development Program Advisory Committee and has served as chair and member of the Los Angeles Mayor's Advisory Committee on Child Care. Her special interests are services for handicapped children and at-risk infants.



National Committee for
Prevention of Child Abuse
332 South Michigan Avenue, Suite 1250
Chicago, IL 60604-4357
(312) 663-3520

ISBN 0-937903-39-5